

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4082

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wein</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital No 1 Fulton</u>				d. STREET ADDRESS (If rural, give location) <u>-</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ben</u>		b. (Middle) <u>-</u>		c. (Last) <u>Palms</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>22</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D. K.</u>		8. DATE OF BIRTH <u>D. K.</u>	
9. AGE (In years, last birthday) <u>75 or 78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Infirmary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>D. K.</u>		13b. MOTHER'S MAIDEN NAME <u>D. K.</u>		14. NAME OF HUSBAND OR WIFE <u>D. K.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records State hospital No 1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile psychosis (dementia)</u> ANTECEDENT CAUSES <u>Due to (b) arteriosclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>304X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-7-50</u> , 19 <u> </u> , to <u>2-22-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2-22-50</u> , 19 <u> </u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Miller M.D.</u>				23b. ADDRESS <u>State Hospital, Fulton, Mo</u>		23c. DATE SIGNED <u>2-22-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/23/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>		24d. LOCATION (City, town, or county) (State) <u>WIEN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 25-1950</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funeral Home, Fulton, Mo</u>			

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 27 1950
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter J. Haines, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4557*

P. O. Address *Fulton, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.